

September 16, 2014

California Department of Transportation
District 3 Office of Local Assistance
Invoice Controller
703 B Street
Marysville, CA 95901

☐ Final Invoice

Billing No: 96
Invoice No:
Federal Aid Project No:
Tax ID No:
Date Accepted by Local:
Project Name/Location:

Reimbursement for Federal Funds are claimed pursuant to Local Agency-State Agreement No.
Program Supplement No. NXXX, executed on (date).

| Phase of Work | Construction Engineering | Construction | Construction | Total |
|--|-----------------------------|--------------|--------------|-------|
| Federal Appropriation Code | | | | |
| Federal Authorization Date | | | | |
| Federal/State participating cost | From | | | |
| | To | | | |
| Total Indirect Costs to Date | \$ - | | | \$ - |
| Total Direct Costs to Date | | | | \$ - |
| Total Cost to Date | \$ - | \$ - | \$ - | \$ - |
| Less: Retention | | | | \$ - |
| Liquidated Damages | | | | \$ - |
| Non-participating Costs | | | | \$ - |
| Other | | | | \$ - |
| Total Participating Costs to Date | \$ - | \$ - | \$ - | \$ - |
| Less: Participating not reimbursed (Local Funds) | | | | \$ - |
| Federal (grant only) Participating Costs | \$ - | \$ - | \$ - | \$ - |
| Federal Reimbursement Ratio | | | | |
| State Reimbursement Ratio (if applicable) | | | | |
| Reimbursable Amount to Date: | \$ - | \$ - | \$ - | \$ - |
| Less: Actual Amount on Prior Invoices | | | | \$ - |
| Reimbursable Participating Costs | \$ - | \$ - | \$ - | \$ - |
| State Withheld Retention | | | | \$ - |
| Amount of This Claim | \$ - | \$ - | \$ - | \$ - |
| TOTAL INVOICE AMOUNT | \$ - | | | |

| | | | | |
|---|------|------|------|------|
| Authorized federal funding amount | | | | \$ - |
| Less: Total Previous Invoice Amounts | | | | \$ - |
| Grant funds remaining prior to this claim | \$ - | \$ - | \$ - | \$ - |
| Authorized state funding amount | | | | \$ - |
| Less: Total Previous Invoice Amounts | | | | \$ - |
| Grant funds remaining prior to this claim | \$ - | \$ - | \$ - | \$ - |